

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MONTANA, BUTTE DIVISION

Case number (if known) _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

JAMES

First name

ALLAN

Middle name

MOE

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

2. All other names you have used in the last 8 years

Include your married or maiden names.

JAMES MOE
JAMES A MOE
JIM MOE
JIM A MOE

JANICE

First name

HOPKINS

Middle name

MOE

Last name and Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-1748

JAN MOE
JANICE L MOE
JANICE LYNNE MOE

xxx-xx-4139

Debtor 1
Debtor 2**MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.**FDBA DALAMOE PRODUCTIONS**

Business name(s)

EINs

5. Where you live**925 Avenue B NW
Great Falls, MT 59404-1723**

Number, Street, City, State & ZIP Code

Cascade

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s)

EINs

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1
Debtor 2**MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee *■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.*

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2**MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1
Debtor 2

MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2**MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.			
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ JAMES ALLAN MOE**JAMES ALLAN MOE**

Signature of Debtor 1

/s/ JANICE HOPKINS MOE**JANICE HOPKINS MOE**

Signature of Debtor 2

Executed on January 7, 2019
MM / DD / YYYYExecuted on January 7, 2019
MM / DD / YYYY

Debtor 1
Debtor 2**MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Gary S. Deschenes

Signature of Attorney for Debtor

Date

January 7, 2019

MM / DD / YYYY

Gary S. Deschenes

Printed name

Deschenes & Associates Law Offices

Firm name

**309 1st Ave N
Great Falls, MT 59401-2505**

Number, Street, City, State & ZIP Code

Contact phone _____

Email address

gsd@dalawmt.com**2293**

Bar number & State

Certificate Number: 16199-MT-CC-032102934



16199-MT-CC-032102934

CERTIFICATE OF COUNSELING

I CERTIFY that on January 2, 2019, at 9:39 o'clock PM EST, James A Moe received from CC Advising, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Montana, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 2, 2019 By: /s/Chamika Ford for Sheharyar Khan

Name: Sheharyar Khan

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 16199-MT-CC-032102936



16199-MT-CC-032102936

CERTIFICATE OF COUNSELING

I CERTIFY that on January 2, 2019, at 9:39 o'clock PM EST, Janice L Moe received from CC Advising, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Montana, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 2, 2019 By: /s/Chamika Ford for Sheharyar Khan

Name: Sheharyar Khan

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court
District of Montana, Butte Division

In re **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 2,165.00
Prior to the filing of this statement I have received	\$ 2,165.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

\$325.00 PER HOUR TO BE APPLIED AGAINST RETAINER.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 7, 2019

Date

/s/ Gary S. Deschenes

Gary S. Deschenes

Signature of Attorney

Deschenes & Associates Law Offices

**309 1st Ave N
Great Falls, MT 59401-2505**

gsd@dalawmt.com

Name of law firm

Fill in this information to identify your case:

Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ JAMES ALLAN MOE

JAMES ALLAN MOE

Signature of Debtor 1

Date January 7, 2019

X /s/ JANICE HOPKINS MOE

JANICE HOPKINS MOE

Signature of Debtor 2

Date January 7, 2019

Fill in this information to identify your case:			
Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF MONTANA, BUTTE DIVISION	
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 169,900.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 169,900.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 8,988.82
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 178,888.82

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 165,000.00
2a.	Copy the total you listed in Column A of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 165,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 38,937.72
		Your total liabilities \$ 203,937.72

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 3,848.34
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 3,848.34
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 3,767.80
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,767.80

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE**
 Debtor 2 **HOPKINS**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 1,562.34

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF MONTANA, BUTTE DIVISION			
Case number _____			

Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property****12/15**

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.

Yes. Where is the property?

1.1

925 Avenue B NW

Street address, if available, or other description

Great Falls **MT** **59404-1723**

City State ZIP Code

CASCADE

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$169,900.00

Current value of the portion you own?

\$169,900.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

LOT 31, VALLEY VIEW HOMES, SECTION 2 AN ADDITION TO CITY OF GREAT FALLS, CASCADE COUNTY MONTANA ON FILE AT THE OFFICE OF CLERK AND RECORDER OF SAID COUNTY

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**\$169,900.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1
Debtor 2

MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: **Ford**
Model: **F-150**
Year: **2005**
Approximate mileage: **100000**

Other information:
**ESTIMATE FOR DAMAGES
EXCEEDS VALUE OF VEHICLE**

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the
entire property?

Current value of the
portion you own?

\$100.00

\$100.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$100.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

COUCH \$75; LOVE SEAT \$50; 2 LAMPS \$40; TABLE \$200; CHAIR \$75; 2 BEDS \$75; DESK \$40; 2 DRESSERS \$45; NIGHTSTAND \$10; BOOKSHELF \$30; HUTCH \$300; BARBECUE \$50; LAWNMOWER \$50; ENTERTAINMENT CENTER \$50; REFRIGERATOR \$300; WASHER/DRYER \$100; MICROWAVE \$25; FREEZER \$50; DISHWASHER \$35; RANGE/OVEN \$50; BOOKS \$100; PICTURES \$100; KNICKNACKS \$200; ANTIQUE PLATES \$300; 2 CARD TABLES \$20; TRUNK \$50; CD STAND \$10; SEWING MACHINE \$50; 2 SHELVES \$40; FILE CABINET \$20; DOG CRATE \$50; MISCELLANEOUS CRAFT SUPPLIES \$200; MISCELLANEOUS HOLIDAY DECORATIONS \$150; MISCELLANEOUS CAMPING EQUIPMENT \$75; MISCELLANEOUS FISHING EQUIPMENT \$50; 6 LIFE JACKETS \$150; MISCELLANEOUS HAND TOOLS \$200; MISCELLANEOUS PLUMBING TOOLS \$200; 5 SHOVELS \$50; 2 SLEDGEHAMMERS \$30; AC UNIT \$50; MISCELLANEOUS GARDENING TOOLS \$100; VISE \$25

\$3,870.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Debtor 1
Debtor 2

MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Case number (if known)

**3 TELEVISIONS \$400; VCR/DVD PLAYER \$50; CD/DVD
COLLECTION \$60; CAMERA EQUIPMENT \$50; COMPUTER
EQUIPMENT \$75; PRINTER \$75; RECORD COLLECTION \$150;
CELL PHONES \$100; CASSETTE PLAYER \$20; TURNTABLE \$20;
MISCELLANEOUS RADIO EQUIPMENT \$45; KEYBOARD \$40;
KEYBOARD \$300**

\$1,385.00**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

MENS CLOTHING \$100; WOMENS CLOTHING \$100**\$200.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

**WOMENS WEDDING RING \$300; WOMENS ENGAGEMENT RING
\$200; WOMENS SAPPHIRE/DIAMOND RING \$200; WOMENS
SAPPHIRE RING \$300; WOMENS SAPPHIRE EARRINGS \$75;
WOMENS SAPPHIRE NECKLACE \$75; WOMENS COSTUME
JEWELRY \$150; WOMENS NECKLACES \$500; WOMENS
BRACELETS \$400**

\$2,200.00**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No
 Yes. Describe.....

DOG**\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**

No
 Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for
Part 3. Write that number here****\$7,655.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

Debtor 1
Debtor 2MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Case number (if known) _____

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1. Checking Account	<u>US BANK -8452</u>	\$33.49
17.2. Savings Account	<u>MONTANA FCU -2627 S7</u>	\$10.28
17.3. Checking Account	<u>MONTANA FCU -2627 S30</u>	\$90.05

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account:

Pension Plan

Institution name:

FERS - \$1,207 (NET) PER MONTH**unknown****Pension Plan****FARMERS ALLIANCE PENSION - \$59.34 A MONTH****unknown****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**
Debtor 2 _____

Case number (if known) _____

 Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

COMMERCE TRUST CO - TERMJANICE MOE\$0.00FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE PROGRAM - TERMJANICE MOE\$0.00CUNA MUTUAL GROUP - TERMJAMES MOE\$0.00**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....

Debtor 1

MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Case number (if known) _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$133.82

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No
 Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe.....

GIBSON GUITAR \$175; FENDER GUITAR \$175; GIBSON GUITAR \$200; WASHBURN GUITAR \$100; FENDER GUITAR \$50

IN PAWN: PEAVEY AMP \$100; BEHRINGER PA SYSTEM \$300

\$1,100.00

41. Inventory

No
 Yes. Describe.....

42. Interests in partnerships or joint ventures

No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

No.
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

Debtor 1
Debtor 2

MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Case number (if known)

44. Any business-related property you did not already list

No
 Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$1,100.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$169,900.00
56. Part 2: Total vehicles, line 5	\$100.00	
57. Part 3: Total personal and household items, line 15	\$7,655.00	
58. Part 4: Total financial assets, line 36	\$133.82	
59. Part 5: Total business-related property, line 45	\$1,100.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$8,988.82	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$178,888.82

Fill in this information to identify your case:

Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 1 Exemptions

925 Avenue B NW Great Falls MT, 59404-1723 County : CASCADE Line from <i>Schedule A/B</i> 1.1	\$169,900.00	<input checked="" type="checkbox"/> \$250,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. §§ 70-32-104, 25-13-615
Ford F-150 2005 100000 Line from <i>Schedule A/B</i> 3.1	\$100.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-609(2)
COUCH \$75; LOVE SEAT \$50; 2 LAMPS \$40; TABLE \$200; CHAIR \$75; 2 BEDS \$75; DESK \$40; 2 DRESSERS \$45; NIGHTSTAND \$10; BOOKSHELF \$30; HUTCH \$300; BARBECUE \$50; LAWNMOWER \$50; ENTERTAINMENT CENTER \$50; REFRIGERATOR \$300; WASHER/DRYER \$100; MICROWAVE \$25; FREEZ Line from <i>Schedule A/B</i> 6.1	\$3,870.00	<input checked="" type="checkbox"/> \$3,870.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-609(1)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
3 TELEVISIONS \$400; VCR/DVD PLAYER \$50; CD/DVD COLLECTION \$60; CAMERA EQUIPMENT \$50; COMPUTER EQUIPMENT \$75; PRINTER \$75; RECORD COLLECTION \$150; CELL PHONES \$100; CASSETTE PLAYER \$20; TURNTABLE \$20; MISCELLANEOUS RADIO EQUIPMENT \$45; KEYBOARD \$40; KEYBOAR Line from Schedule A/B: 7.1	\$1,385.00	<input checked="" type="checkbox"/> \$1,385.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-609(1)
MENS CLOTHING \$100; WOMENS CLOTHING \$100 Line from Schedule A/B: 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-609(1)
WOMENS WEDDING RING \$300; WOMENS ENGAGEMENT RING \$200; WOMENS SAPPHIRE/DIAMOND RING \$200; WOMENS SAPPHIRE RING \$300; WOMENS SAPPHIRE EARRINGS \$75; WOMENS SAPPHIRE NECKLACE \$75; WOMENS COSTUME JEWELRY \$150; WOMENS NECKLACES \$500; WOMENS BRACELETS \$400 Line from Schedule A/B: 12.1	\$2,200.00	<input checked="" type="checkbox"/> \$2,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-609(1)
US BANK -8452 Line from Schedule A/B: 17.1	\$33.49	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. §§ 25-13-608(1)(b), 53-2-607
MONTANA FCU -2627 S7 Line from Schedule A/B: 17.2	\$10.28	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. §§ 31-2-106(3), 33-7-511, 33-7-522
MONTANA FCU -2627 S30 Line from Schedule A/B: 17.3	\$90.05	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. §§ 25-13-608(1)(b), 53-2-607
FERS - \$1,207 (NET) PER MONTH Line from Schedule A/B: 21.1	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. §§ 31-2-106(3), 33-7-511, 33-7-522
FERS - \$1,207 (NET) PER MONTH Line from Schedule A/B: 21.1	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 33-15-514
FARMERS ALLIANCE PENSION - \$59.34 A MONTH Line from Schedule A/B: 21.2	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. §§ 31-2-106(3), 33-7-511, 33-7-522

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE PROGRAM - TERM Line from Schedule A/B: 31.2	\$0.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-608(1)(k)
CUNA MUTUAL GROUP - TERM Line from Schedule A/B: 31.3	\$0.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-608(1)(k)
GIBSON GUITAR \$175; FENDER GUITAR \$175; GIBSON GUITAR \$200; WASHBURN GUITAR \$100; FENDER GUITAR \$50	\$1,100.00	<input checked="" type="checkbox"/> \$1,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. § 25-13-609(3)
IN PAWN: PEAVEY AMP \$100; BEHRINGER PA SYSTEM \$300 Line from Schedule A/B: 40.1			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	JANICE HOPKINS MOE		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	

Debtor 2 Exemptions

Brief description: _____ _____
 Line from Schedule A/B. _____
 100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	GMAC MORTGAGE	925 Avenue B NW, Great Falls, MT 59404-1723 LOT 31, VALLEY VIEW HOMES, SECTION 2 AN ADDITION TO CITY OF GREAT FALLS, CASCADE COUNTY MONTANA ON FILE AT THE OFFICE OF CLERK AND RECORDER OF SAID COUNTY	\$43,000.00	\$169,900.00	\$0.00

3200 Park Center Dr Ste 150 Costa Mesa, CA 92626-1982

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **04/2006**

Last 4 digits of account number **2485**

2.2 NATIONSTAR d/b/a MR. COOPER

Creditor's Name

8950 Cypress Waters Blvd Coppell, TX 75019-4620

Number, Street, City, State & Zip Code

Describe the property that secures the claim:	\$122,000.00	\$169,900.00	\$0.00
---	---------------------	---------------------	---------------

925 Avenue B NW, Great Falls, MT 59404-1723
LOT 31, VALLEY VIEW HOMES, SECTION 2 AN ADDITION TO CITY OF GREAT FALLS, CASCADE COUNTY MONTANA ON FILE AT THE OFFICE OF CLERK AND RECORDER OF SAID COUNTY

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated

Debtor 1	JAMES ALLAN MOE		Case number (if known)
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
	First Name	Middle Name	Last Name

Disputed

Who owes the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)

Statutory lien (such as tax lien, mechanic's lien)

Judgment lien from a lawsuit

Other (including a right to offset) **First Mortgage**

Date debt was incurred 08/2003 Last 4 digits of account number 2096

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

<u>\$165,000.00</u>
<u>\$165,000.00</u>

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code MADISON MANAGEMENT SERVICES 400 Morris Ave Ste 222 Denville, NJ 07834-1372	On which line in Part 1 did you enter the creditor? <u>2.1</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code SORTIS FINANCIAL PO Box 52238 Idaho Falls, ID 83405-2238	On which line in Part 1 did you enter the creditor? <u>2.1</u>
		Last 4 digits of account number <u>2485</u>

Fill in this information to identify your case:

Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	BARCLAY CARD Nonpriority Creditor's Name PO Box 8801 Wilmington, DE 19899-8801 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>0436</u> \$2,142.64
	When was the debt incurred? <u>2015</u>	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD PURCHASES</u>	

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">4.2</div> BARCLAY CARD Nonpriority Creditor's Name	Last 4 digits of account number 9530 When was the debt incurred? 2015	\$2,150.95
<p>PO Box 8801 Wilmington, DE 19899-8801</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES</p>		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.3</div> BENEFIS Nonpriority Creditor's Name C/O WELLS FARGO PO Box 912613 Denver, CO 80291-2613		
Last 4 digits of account number 1309 When was the debt incurred? 2015 <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify MEDICAL SERVICES</p>		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.4</div> BENEFIS PHYSICIANS ASSOCIATES Nonpriority Creditor's Name C/O WELLS FARGO PO Box 912613 Denver, CO 80291-2613		
Last 4 digits of account number 6109 When was the debt incurred? 2014 <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify MEDICAL SERVICES</p>		

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

4.5

CAPITAL ONE

Nonpriority Creditor's Name

Last 4 digits of account number

9327\$2,925.32

When was the debt incurred?

2014**PO Box 60599
City of Industry, CA 91716-0599**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify CREDIT CARD PURCHASES

4.6

CAPITAL ONE

Nonpriority Creditor's Name

Last 4 digits of account number

7835\$1,155.09

When was the debt incurred?

2014**PO Box 60599
City of Industry, CA 91716-0599**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify CREDIT CARD PURCHASES

4.7

**CENTRAL MONTANA
LABORATORIES**

Nonpriority Creditor's Name

Last 4 digits of account number

0604\$115.86

When was the debt incurred?

09/2013**3511 1st Ave N
Great Falls, MT 59401-3527**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify MEDICAL SERVICES

Debtor 1
Debtor 2**MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

4.8

CREDIT ONE

Nonpriority Creditor's Name

**PO Box 60500
City of Industry, CA 91716-0500**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0558**\$475.69**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **CREDIT CARD PURCHASES**

4.9

CREDIT ONE

Nonpriority Creditor's Name

**PO Box 60500
City of Industry, CA 91716-0500**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6791**\$1,697.24**

When was the debt incurred?

09/2013

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **CREDIT CARD PURCHASES**

4.10

DR. WHITNEY DDS

Nonpriority Creditor's Name

**2714 15th Ave S
Great Falls, MT 59405-5246**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8612**\$3,774.00**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **DENTAL SERVICES**

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">4.11</div> ELASTIC Nonpriority Creditor's Name <hr/> PO BOX 95027 LOUISVILLE, KY 40295 Number Street City State Zip Code	Last 4 digits of account number 4783 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES
<div style="border: 1px solid black; padding: 2px;">4.12</div> ELASTIC Nonpriority Creditor's Name <hr/> PO BOX 95027 LOUISVILLE, KY 40295 Number Street City State Zip Code	
Last 4 digits of account number 6532 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES	
<div style="border: 1px solid black; padding: 2px;">4.13</div> FAMILY PRACTICE Nonpriority Creditor's Name <hr/> 3511 1st Ave N Ste 1 Great Falls, MT 59401-3527 Number Street City State Zip Code	
Last 4 digits of account number 361 When was the debt incurred? 03/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL SERVICES	

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">4.14</div> FIRST PREMIER CARD Nonpriority Creditor's Name	Last 4 digits of account number 0558 When was the debt incurred? 2015	\$495.00
<p>PO Box 5529 Sioux Falls, SD 57117-5529</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify CREDIT CARD PURCHASES</p> <p><input type="checkbox"/> Yes</p>		
<p>GREAT FALLS CLINIC Nonpriority Creditor's Name</p> <p>1400 29th St S Great Falls, MT 59405-5353</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify MEDICAL SERVICES - MULTIPLE ACCOUNT #'S</p> <p><input type="checkbox"/> Yes</p>		
<p>INTERNAL REVENUE SERVICE Nonpriority Creditor's Name</p> <p>PO BOX 7346 PHILADELPHIA, PA 19101-7346</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify TAXES</p> <p><input type="checkbox"/> Yes</p>		

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">4.17</div>	<p>MERRICK BANK CARD Nonpriority Creditor's Name</p> <p>PO Box 660702 Dallas, TX 75266-0702</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES</p>	Last 4 digits of account number 1909 When was the debt incurred? 04/2013	\$1,233.00
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES</p>			
<div style="border: 1px solid black; padding: 2px;">4.18</div>	<p>MILESTONE CREDIT CARD Nonpriority Creditor's Name</p> <p>PO Box 4477 Beaverton, OR 97076-4401</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES</p>	Last 4 digits of account number 1688 When was the debt incurred? 2015	\$466.27
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES</p>			
<div style="border: 1px solid black; padding: 2px;">4.19</div>	<p>MONTANA DEPARTMENT OF REVENUE Nonpriority Creditor's Name</p> <p>PO Box 7701 Helena, MT 59604-7701</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify TAXES</p>	Last 4 digits of account number _____ When was the debt incurred? _____	unknown
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify TAXES</p>			

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

4.20

NORTHERN MONTANA ORAL SURGEY

Nonpriority Creditor's Name

**2714 15th Ave S
Great Falls, MT 59405-5246**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0388**\$804.94**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **DENTAL SERVICES**

4.21

ORHTOPEDIC CENTER OF MONTANA

Nonpriority Creditor's Name

**1401 25th St S
Great Falls, MT 59405-5183**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

NA**\$185.56**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **MEDICAL SERVICES**

4.22

PIER ONE IMPORTS

Nonpriority Creditor's Name

**PO Box 659617
San Antonio, TX 78265-9617**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3484**\$305.10**

When was the debt incurred?

04/2013

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **CREDIT CARD PURCHASES**

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

4.23	SEARS MASTERCARD Nonpriority Creditor's Name	Last 4 digits of account number	3073	\$3,598.42
	PO Box 6282 Sioux Falls, SD 57117-6282	When was the debt incurred?	2012	
	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CREDIT CARD PURCHASES			

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address CARSON SMITHFIELD, LLC PO Box 9216 Old Bethpage, NY 11804-9016	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	1909
Name and Address COLLECTION BUREAU SERVICES PO Box 7339 Missoula, MT 59807-7339	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	0100
Name and Address CREDIT ASSOCIATES PO Box 6099 Great Falls, MT 59406-6099	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.20</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	0388
Name and Address CREDIT CONTROL LLC 5757 Phantom Dr Ste 330 Hazelwood, MO 63042-2429	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.6</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	7835
Name and Address CREDIT SYSTEM PO Box 875 Helena, MT 59624-0875	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.3</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	1309
Name and Address CREDIT SYSTEMS PO Box 875 Helena, MT 59624-0875	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	6109
Name and Address CREDIT SYSTEMS	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	0100

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

Name and Address

**FRONTLINE ASSET STRATEGIES,
LLC
2700 Snelling Ave N Ste 250
Roseville, MN 55113-1783**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1688

Name and Address

**INTERSTATE COUNSELING
PO Box 1133
Great Falls, MT 59403-1133**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0604

Name and Address

**MIDLAND FUNDING LLC
250 N Sunny Slope Rd Ste 300
Brookfield, WI 53005-4824**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6791

Name and Address

**NCB MANAGEMENT SERVICES
PO Box 1099
Langhorne, PA 19047-6099**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4783

Name and Address

**NCB MANAGEMENT SERVICES
PO Box 1099
Langhorne, PA 19047-6099**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6532

Name and Address

**PHILLIPS & COHEN ASSOCIATES
LTD
1002 Justison St
Wilmington, DE 19801-5148**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0436

Name and Address

**PHILLIPS & COHEN ASSOCIATES
LTD
1002 Justison St
Wilmington, DE 19801-5148**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1909

Name and Address

**PORTFOLIO RECOVERY
ASSOCIATES
PO Box 12914
Norfolk, VA 23541-0914**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3073

Name and Address

**RAUSCH, STURM, ISRAEL,
ENERSON & HORNIK
3209 W 76th St Ste 301
Minneapolis, MN 55435-5246**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6791**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known) _____

6c. **Claims for death or personal injury while you were intoxicated**
 6d. **Other.** Add all other priority unsecured claims. Write that amount here.

6c. \$ **0.00**
 6d. \$ **0.00**

6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ **0.00**

Total claims from Part 2

6f. **Student loans**
 6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**
 6h. **Debts to pension or profit-sharing plans, and other similar debts**
 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6f. \$ **0.00**
 6g. \$ **0.00**
 6h. \$ **0.00**
 6i. \$ **38,937.72**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **38,937.72**

Fill in this information to identify your case:

Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an
amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property*(Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for
	Name, Number, Street, City, State and ZIP Code		
2.1	Name		
	Number	Street	
	City	State	ZIP Code
2.2	Name		
	Number	Street	
	City	State	ZIP Code
2.3	Name		
	Number	Street	
	City	State	ZIP Code
2.4	Name		
	Number	Street	
	City	State	ZIP Code
2.5	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2	JANICE HOPKINS MOE		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number	Street	State	ZIP Code
City			

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number	Street	State	ZIP Code
City			

Fill in this information to identify your case:

Debtor 1	JAMES ALLAN MOE
Debtor 2 (Spouse, if filing)	JANICE HOPKINS MOE
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION
Case number (if known)	_____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Debtor 1	Debtor 2 or non-filing spouse
-----------------	--------------------------------------

<input type="checkbox"/> Employed	<input type="checkbox"/> Employed
-----------------------------------	-----------------------------------

Not employed

<input type="checkbox"/> Employed

<input checked="" type="checkbox"/> Not employed
--

Include part-time, seasonal, or self-employed work.

Occupation

Employer's name

Occupation may include student or homemaker, if it applies.

Employer's address

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ **0.00** \$ **0.00**

3. Estimate and list monthly overtime pay.

3. +\$ **0.00** +\$ **0.00**

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 0.00	\$ 0.00
-------------------	----------------

Debtor 1
Debtor 2

MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h. \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,427.00	\$ 859.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: FERS PENSION	8f. \$ 1,503.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 59.34
8h. Other monthly income. Specify:	8h. \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,930.00	\$ 918.34
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,930.00	+ \$ 918.34 = \$ 3,848.34
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 3,848.34	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		
	Combined monthly income	

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**
Debtor 2 _____

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 200.00
	6b. Water, sewer, garbage collection	6b. \$ 90.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 340.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 300.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 0.00	
10. Personal care products and services	10. \$ 20.00	
11. Medical and dental expenses	11. \$ 200.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 75.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 100.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 200.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 100.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: MDOR	16. \$ 352.00	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ 0.00	
17b. Car payments for Vehicle 2	17b. \$ 0.00	
17c. Other. Specify: _____	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: STORAGE UNIT	21. +\$ 130.00	
RETIREMENT - TAXES	+\$ 173.00	
RETIREMENT - INSURANCE	+\$ 232.80	
SOCIAL SECURITY - MEDICARE	+\$ 107.00	
PET CARE	+\$ 50.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 3,767.80	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 3,767.80	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 3,767.80	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 3,848.34	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 3,767.80	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 80.54	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:			
Debtor 1	JAMES ALLAN MOE		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	JANICE HOPKINS MOE		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**
Debtor 2 _____

Case number (if known) _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	FERS	\$1,207.00	PENSION	\$0.00
For last calendar year: (January 1 to December 31, 2018)	SOCIAL SECURITY	\$16,656.00	SOCIAL SECURITY	\$10,296.00
	FERS	\$14,144.88	PENSION	\$712.08
For the calendar year before that: (January 1 to December 31, 2017)	SOCIAL SECURITY	\$16,332.00	SOCIAL SECURITY	\$10,296.00
	FERS	\$13,617.12	PENSION	\$712.08

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
NATIONSTAR MORTGAGE LLC d/b/a MR. COOPER PO Box 31785 Tampa, FL 33631-3785	11/01/2018 - \$1,092.91 12/01/2018 - \$1,092.91 01/01/2018 - \$1,092.91	\$3,081.00	\$122,000.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**
Debtor 2 _____

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
COLLECTION BUREAU SERVICES, INC.,	COLLECTIONS	GREAT FALLS, CASCADE COUNTY JUSTICE COUR	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

VS.

JAMES A MOE AND
JANICE L MOE
CV2018-2465

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**
Debtor 2 _____

Case number (if known) _____

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
\$15,080 LOST TO LOCAL CASINOS - GAMBLING	NONE		\$15,080.00

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
GARY S. DESCENES PO Box 3466 Great Falls, MT 59403-3466		07/18/2016	\$2,190.00
CC ADVISING		7/3/2018 1/2/2019	\$40.00

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**
Debtor 2 _____

Case number (if known) _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you WILLIAM VAN METER UNKNOWN NONE	1998 FLEETWOOD BOUNDER CLASS A MOTORHOME	\$10,000.00	1/25/2018

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Debtor 1

Debtor 2 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**

Case number (if known)

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
MALMSTROM STORAGE 500 76th St N Bldg 1222 Malmstrom AFB, MT 59402-7515		RV	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
JACS STORAGE 5700 2nd Ave N Great Falls, MT 59405-1516		CURIO STAND \$150; BOOKSHELVES \$300; ART WORK \$300; TRUNKS \$50; ENTERTAINMENT CENTER \$100; MISCELLANEOUS HOUSEHOLD ITEMS \$150	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
FIRST NATIONAL PAWN 1101 13th St S Great Falls, MT 59405-4606		PEAVEY AMP \$100; BEHRINGER \$300	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 **MOE, JAMES ALLAN & MOE, JANICE HOPKINS**
Debtor 2 _____

Case number (if known) _____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
DALAMOE PRODUCTIONS 925 Avenue B NW Great Falls, MT 59404-1723	MUSICIAN NONE	EIN: From-To 1993 TO 12/31/2016

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **JAMES ALLAN MOE**
JAMES ALLAN MOE
 Signature of Debtor 1

/s/ **JANICE HOPKINS MOE**
JANICE HOPKINS MOE
 Signature of Debtor 2

Date January 7, 2019

Date January 7, 2019

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:		
Debtor 1	JAMES ALLAN MOE	
	First Name	Middle Name
	Last Name	
Debtor 2	JANICE HOPKINS MOE	
(Spouse if, filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	DISTRICT OF MONTANA, BUTTE DIVISION	
Case number (if known)		

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **NATIONSTAR d/b/a MR. COOPER**

Surrender the property.

No

Retain the property and redeem it.

Yes

Description of property securing debt: **925 Avenue B NW, Great Falls, MT 59404-1723**

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Debtor 1 MOE, JAMES ALLAN & MOE, JANICE HOPKINS
Debtor 2 _____Case number (*if known*) _____Description of leased
Property: YesLessor's name:
Description of leased
Property: No Yes**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ JAMES ALLAN MOEJAMES ALLAN MOE

Signature of Debtor 1

X /s/ JANICE HOPKINS MOEJANICE HOPKINS MOE

Signature of Debtor 2

Date

January 7, 2019

Date

January 7, 2019

**United States Bankruptcy Court
District of Montana, Butte Division**

IN RE:

MOE, JAMES ALLAN & MOE, JANICE HOPKINS

Debtor(s)

Case No. _____

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **January 7, 2019**

Signature: ***/s/ JAMES ALLAN MOE***
JAMES ALLAN MOE

Debtor

Date: **January 7, 2019**

Signature: ***/s/ JANICE HOPKINS MOE***
JANICE HOPKINS MOE

Joint Debtor, if any

MOE, JAMES ALLAN
925 AVENUE B NW
GREAT FALLS, MT 59404-1723

CREDIT ASSOCIATES
PO BOX 6099
GREAT FALLS, MT 59406-6099

GMAC MORTGAGE
3200 PARK CENTER DR STE 150
COSTA MESA, CA 92626-1982

MOE, JANICE HOPKINS
925 AVENUE B NW
GREAT FALLS, MT 59404-1723

CREDIT CONTROL LLC
5757 PHANTOM DR STE 330
HAZELWOOD, MO 63042-2429

GREAT FALLS CLINIC
1400 29TH ST S
GREAT FALLS, MT 59405-5353

DESCHENES & ASSOCIATES LAW OFFICES CREDIT ONE
309 1ST AVE N
GREAT FALLS, MT 59401-2505

PO BOX 60500
CITY OF INDUSTRY, CA 91716-0500

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

BARCLAY CARD
PO BOX 8801
WILMINGTON, DE 19899-8801

CREDIT SYSTEM
PO BOX 875
HELENA, MT 59624-0875

INTERSTATE COUNSELING
PO BOX 1133
GREAT FALLS, MT 59403-1133

BENEFIS
C/O WELLS FARGO
PO BOX 912613
DENVER, CO 80291-2613

CREDIT SYSTEMS
PO BOX 875
HELENA, MT 59624-0875

MADISON MANAGEMENT SERVICES
400 MORRIS AVE STE 222
DENVILLE, NJ 07834-1372

BENEFIS PHYSICIANS ASSOCIATES
C/O WELLS FARGO
PO BOX 912613
DENVER, CO 80291-2613

DR. WHITNEY DDS
2714 15TH AVE S
GREAT FALLS, MT 59405-5246

MERRICK BANK CARD
PO BOX 660702
DALLAS, TX 75266-0702

CAPITAL ONE
PO BOX 60599
CITY OF INDUSTRY, CA 91716-0599

ELASTIC
PO BOX 95027
LOUISVILLE, KY 40295

MIDLAND FUNDING LLC
250 N SUNNY SLOPE RD STE 300
BROOKFIELD, WI 53005-4824

CARSON SMITHFIELD, LLC
PO BOX 9216
OLD BETHPAGE, NY 11804-9016

FAMILY PRACTICE
3511 1ST AVE N STE 1
GREAT FALLS, MT 59401-3527

MILESTONE CREDIT CARD
PO BOX 4477
BEAVERTON, OR 97076-4401

CENTRAL MONTANA LABORATORIES
3511 1ST AVE N
GREAT FALLS, MT 59401-3527

FIRST PREMIER CARD
PO BOX 5529
SIOUX FALLS, SD 57117-5529

MONTANA DEPARTMENT OF REVENUE
PO BOX 7701
HELENA, MT 59604-7701

COLLECTION BUREAU SERVICES
PO BOX 7339
MISSOULA, MT 59807-7339

FRONTLINE ASSET STRATEGIES, LLC
2700 SNELLING AVE N STE 250
ROSEVILLE, MN 55113-1783

NATIONSTAR D/B/A MR. COOPER
8950 CYPRESS WATERS BLVD
COPPELL, TX 75019-4620

NCB MANAGEMENT SERVICES
PO BOX 1099
LANGHORNE, PA 19047-6099

NORTHERN MONTANA ORAL SURGEY
2714 15TH AVE S
GREAT FALLS, MT 59405-5246

ORHTOPEDIC CENTER OF MONTANA
1401 25TH ST S
GREAT FALLS, MT 59405-5183

PHILLIPS & COHEN ASSOCIATES LTD
1002 JUSTISON ST
WILMINGTON, DE 19801-5148

PIER ONE IMPORTS
PO BOX 659617
SAN ANTONIO, TX 78265-9617

PORTFOLIO RECOVERY ASSOCIATES
PO BOX 12914
NORFOLK, VA 23541-0914

RAUSCH, STURM, ISRAEL, ENERSON &
HORNICK
3209 W 76TH ST STE 301
MINNEAPOLIS, MN 55435-5246

SEARS MASTERCARD
PO BOX 6282
SIOUX FALLS, SD 57117-6282

SORTIS FINANCIAL
PO BOX 52238
IDAHO FALLS, ID 83405-2238